

TDS

AGENCY NAME / LOCATION

A. DATE OF BIRTH				CLIENT CODE				B. LAST FOUR SS #				C. GENDER (Check ONE box only)				D. COUNTY OF RESIDENCE				E. FEDERAL IDENTIFIER CODE											
MO.		DAY		YEAR								<input type="checkbox"/> 01 MALE <input type="checkbox"/> 02 FEMALE																			
F. CONTRACT NUMBER (Funded Agencies ONLY)								G. PRIMARY SERVICE CODE				H. CURRENT ADMISSION DATE								I. DAYS WAITING TO ENTER TREATMENT				J. PAYOR CODE (Check ONE box only)							
								LIST G ON BACK				MO.		DAY		YEAR								<input type="checkbox"/> 01 OSA/BDS <input type="checkbox"/> 02 HUMAN SERVICES				<input type="checkbox"/> 03 CORRECTIONS <input type="checkbox"/> 99 OTHER			
1. HEALTH INSURANCE				2. REFERRAL				3. PRIOR TREATMENT EPISODES				4. ARE SPECIAL ACCOMMODATIONS NEEDED TO PROVIDE SERVICES?				5. RACE				6. ETHNICITY				7. VETERAN				8. EDUCATION COMPLETED			
(MAY OR MAY NOT COVER ALCOHOL AND/OR DRUG TREATMENT) <input type="checkbox"/> 01 PRIVATE INSURANCE <input type="checkbox"/> 02 BLUE CROSS/BLUE SHIELD <input type="checkbox"/> 03 MEDICARE <input type="checkbox"/> 04 MAINECARE (Medicaid) <input type="checkbox"/> 05 HEALTH MAINTENANCE ORG. (HMO) <input type="checkbox"/> 20 OTHER (e.g., Tricare, Champus) <input type="checkbox"/> 21 NONE				LIST 2 ON BACK				NUMBER OF PRIOR TREATMENT EPISODES IN ANY DRUG OR ALCOHOL TREATMENT PROGRAM (Check ONE box only) <input type="checkbox"/> 00 NONE <input type="checkbox"/> 01 ONE <input type="checkbox"/> 02 TWO <input type="checkbox"/> 03 THREE <input type="checkbox"/> 04 FOUR <input type="checkbox"/> 05 FIVE OR MORE				(Check YES or NO for each selection) YES NO <input type="checkbox"/> 01 <input type="checkbox"/> 02 (A) HEARING <input type="checkbox"/> 01 <input type="checkbox"/> 02 (B) VISUAL <input type="checkbox"/> 01 <input type="checkbox"/> 02 (C) PHYSICAL <input type="checkbox"/> 01 <input type="checkbox"/> 02 (D) LANGUAGE <input type="checkbox"/> 01 <input type="checkbox"/> 02 (E) OTHER				(Check ONE box only) <input type="checkbox"/> 01 WHITE <input type="checkbox"/> 02 BLACK OR AFRICAN AMERICAN <input type="checkbox"/> 03 AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> 04 ASIAN <input type="checkbox"/> 05 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> 99 OTHER				(Check ONE box only) <input type="checkbox"/> 01 NOT OF HISPANIC ORIGIN <input type="checkbox"/> 02 PUERTO RICAN <input type="checkbox"/> 03 MEXICAN <input type="checkbox"/> 04 CUBAN <input type="checkbox"/> 05 OTHER SPECIFIC HISPANIC <input type="checkbox"/> 06 HISPANIC SPECIFIC ORIGIN NOT SPECIFIED				(Check ONE box only) <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				HIGHEST GRADE COMPLETED			
9. CURRENT MARITAL STATUS				10 - 14. DEPENDENTS				15. IF THE CLIENT HAS LEGAL CUSTODY OF HIS/HER CHILDREN, WHERE ARE THE CHILDREN WHILE THE CLIENT WAS IN TREATMENT?				16. PREGNANT AT ADMISSION				17. IF PREGNANT, IS CLIENT RECEIVING PRE-NATAL CARE?				18. LIVING ARRANGEMENTS AT ADMISSION				19. EMPLOYMENT STATUS (Check ONE box only)							
(Check ONE box only) <input type="checkbox"/> 01 NEVER MARRIED <input type="checkbox"/> 02 NOW MARRIED/COHAB <input type="checkbox"/> 03 SEPARATED <input type="checkbox"/> 04 DIVORCED <input type="checkbox"/> 05 WIDOWED				ENTER THE NUMBER OF DEPENDENT CHILDREN THE CLIENT HAS IN EACH AGE GROUP LISTED BELOW 10 <input type="text"/> <input type="text"/> 0 - 12 MONTHS 11 <input type="text"/> <input type="text"/> 13 - 35 MONTHS 12 <input type="text"/> <input type="text"/> 3 - 5 YEARS 13 <input type="text"/> <input type="text"/> 6 - 12 YEARS 14 <input type="text"/> <input type="text"/> 13 - 17 YEARS				IF NO DEPENDENTS GO TO #16 (Check ONE box only) <input type="checkbox"/> 01 WITH THE CLIENT <input type="checkbox"/> 02 SPOUSE/OTHER PARENT <input type="checkbox"/> 03 GRANDPARENTS/RELATIVES <input type="checkbox"/> 04 FRIEND(S) <input type="checkbox"/> 05 BABYSITTER/CAREGIVER <input type="checkbox"/> 06 TEMPORARY FOSTER CARE <input type="checkbox"/> 99 OTHER				(Check ONE box only) <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF NO, GO TO #18				(Check ONE box only) <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				(Check ONE box only) <input type="checkbox"/> 01 INDEPENDENT LIVING, ALONE <input type="checkbox"/> 02 INDEPENDENT LIVING, WITH OTHERS <input type="checkbox"/> 03 DEPENDENT LIVING <input type="checkbox"/> 04 HOMELESS				<input type="checkbox"/> 01 FULL TIME (35 HOURS OR MORE) <input type="checkbox"/> 02 PART-TIME (17 - 34 HOURS) <input type="checkbox"/> 03 IRREGULAR (LESS THAN 17 HOURS) <input type="checkbox"/> 04 UNEMPLOYED (HAS SOUGHT WORK) <input type="checkbox"/> 05 UNEMPLOYED (HAS NOT SOUGHT WORK) <input type="checkbox"/> 06 NOT IN LABOR FORCE <input type="checkbox"/> 07 FULL TIME VOLUNTEER <input type="checkbox"/> 08 PART-TIME VOLUNTEER <input type="checkbox"/> 09 IRREGULAR VOLUNTEER							
20. EMPLOYABILITY FACTOR (Check ONE box only)				21. HOUSEHOLD INCOME (LAST 30 DAYS)				22. PRIMARY SOURCE OF HOUSEHOLD INCOME/SUPPORT				23. SECONDARY SOURCE OF HOUSEHOLD INCOME/ SUPPORT IF DIFFERENT FROM PRIMARY				24. IS THE CLIENT A VICTIM OF DOMESTIC VIOLENCE?				25 - 28. TREATED FOR MEDICAL REASONS AT THE FOLLOWING LOCATIONS											
<input type="checkbox"/> 01 EMPLOYABLE OR WORKING NOW <input type="checkbox"/> 02 STUDENT <input type="checkbox"/> 03 HOMEMAKER <input type="checkbox"/> 04 RETIRED <input type="checkbox"/> 05 UNABLE FOR PHYSICAL/ PSYCHOLOGICAL REASONS				<input type="checkbox"/> 06 INMATE OF INSTITUTION <input type="checkbox"/> 07 SEASONAL WORKER <input type="checkbox"/> 08 TEMPORARY LAYOFF <input type="checkbox"/> 09 UNABLE DUE TO SKILLS/RESOURCES <input type="checkbox"/> 10 UNABLE DUE TO PROGRAM REQUIREMENTS				ENTER AN AMOUNT BETWEEN 0003 - 9998 THAT REFLECTS HOUSEHOLD INCOME IN THE LAST 30 DAYS 0001 REFUSED 0002 UNKNOWN 9999 MORE THAN \$9999 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												(Check ONE box only) <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				NUMBER OF TIMES TREATED FOR MEDICAL REASONS AT THESE LOCATIONS: <input type="text"/> <input type="text"/> 25 PHYSICIANS OFFICE/CLINIC (LAST 12 MONTHS) <input type="text"/> <input type="text"/> 26 HOSPITAL EMERGENCY ROOM (LAST 12 MONTHS) <input type="text"/> <input type="text"/> 27 HOSPITAL INPATIENT (LAST 12 MONTHS) <input type="text"/> <input type="text"/> 28 OTHER (LAST 12 MONTHS)							
29. MH/MR ISSUES DIAGNOSIS BASED ON DSM-IV				30 - 31. TREATED FOR MENTAL HEALTH ISSUES AT THE FOLLOWING LOCATIONS				32. CONSENT DECREE 1/1/89				33. PRIMARY PRESENTING PROBLEM				34 - 37. DRUGS USED INAPPROPRIATELY OR ABUSED BY CLIENT THAT LED TO ADMISSION				38 - 41. FREQUENCY OF USE OF DRUGS BY CLIENT (IN LAST 30 DAYS)				42 - 45. ROUTE OF ADMINISTRATION				46 - 49. AGE OF FIRST USE			
(Check ONE box only) <input type="checkbox"/> 01 DIAGNOSED MENTAL ILLNESS/ DISORDER <input type="checkbox"/> 02 MENTAL RETARDATION <input type="checkbox"/> 00 NONE				NUMBER OF TREATMENT EPISODES AT THESE LOCATIONS: <input type="text"/> <input type="text"/> 30 OUTPATIENT MENTAL HEALTH SERVICES (LAST 12 MO) <input type="text"/> <input type="text"/> 31 PSYCHIATRIC ADMISSION TO A HOSPITAL (LAST 2 YEARS)				(Check ONE box only) <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				(Check ONE box only) <input type="checkbox"/> 01 SUBSTANCE USE ABUSE <input type="checkbox"/> 02 AFFECTED/CO-DEPENDENT <input type="checkbox"/> 03 EVALUATION ONLY IF AFFECTED CO-DEPENDENT ANSWER TOBACCO RELATED QUESTIONS (37, 41, 45 & 49) THEN SKIP TO #52				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 34 PRIMARY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35 SECONDARY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 36 TERTIARY <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				<input type="text"/> <input type="text"/> 38 PRIMARY <input type="text"/> <input type="text"/> 39 SECONDARY <input type="text"/> <input type="text"/> 40 TERTIARY <input type="text"/> <input type="text"/> 41 TOBACCO				<input type="text"/> <input type="text"/> 42 PRIMARY <input type="text"/> <input type="text"/> 43 SECONDARY <input type="text"/> <input type="text"/> 44 TERTIARY <input type="text"/> <input type="text"/> 45 TOBACCO				<input type="text"/> <input type="text"/> 46 PRIMARY <input type="text"/> <input type="text"/> 47 SECONDARY <input type="text"/> <input type="text"/> 48 TERTIARY <input type="text"/> <input type="text"/> 49 TOBACCO			
IF PRIMARY FREQUENCY (38) IS 02, COMPLETE #s 50 & 51. OTHERWISE, SKIP TO #52												52. INJECTION DRUG USE				53. IF CLIENT HAS USED NEEDLES, DID HE/SHE SHARE NEEDLES IN THE PAST YEAR?				54. OPIOID REPLACEMENT THERAPY				55. CURRENT LEGAL STATUS (Check ONE box only)							
50. INDICATE REASONS BEST DESCRIBING CLIENT'S NON-USE IN THE 30 DAYS PRIOR TO ADMISSION						51. WHEN DID CLIENT LAST USE ALCOHOL AND/OR OTHER DRUGS?						(Check ONE box only) <input type="checkbox"/> 01 NEVER <input type="checkbox"/> 02 IN LAST 6 MONTHS <input type="checkbox"/> 03 IN LAST 5 YEARS <input type="checkbox"/> 04 PRIOR TO LAST 5 YEARS IF NEVER, GO TO QUESTION #54				(Check ONE box only) <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				(Check ONE box only) <input type="checkbox"/> 01 NO <input type="checkbox"/> 02 METHADONE <input type="checkbox"/> 03 LAAM <input type="checkbox"/> 04 BUPRENORPHINE				<input type="checkbox"/> 00 NO LEGAL INVOLVEMENT <input type="checkbox"/> 01 PROBATION/PAROLE <input type="checkbox"/> 02 FURLOUGHED <input type="checkbox"/> 03 AWAITING COURT <input type="checkbox"/> 04 SERVING SENTENCE (JAIL/PRISON) <input type="checkbox"/> 05 FORMAL ADJUDICATION <input type="checkbox"/> 06 DRIVERS LICENSE REVOCATION (NOT DEEP INVOLVED) 							

<p>D. COUNTY CODES</p> <table border="0"> <tr><td>AN</td><td>Androscoggin</td><td>PT</td><td>Penobscot</td></tr> <tr><td>AK</td><td>Aroostook</td><td>PS</td><td>Piscataquis</td></tr> <tr><td>CD</td><td>Cumberland</td><td>SC</td><td>Sagadahoc</td></tr> <tr><td>FN</td><td>Franklin</td><td>ST</td><td>Somerset</td></tr> <tr><td>HK</td><td>Hancock</td><td>WO</td><td>Waldo</td></tr> <tr><td>KC</td><td>Kennebec</td><td>WN</td><td>Washington</td></tr> <tr><td>KX</td><td>Knox</td><td>YK</td><td>York</td></tr> <tr><td>LN</td><td>Lincoln</td><td>OS</td><td>Out-of-State</td></tr> <tr><td>OD</td><td>Oxford</td><td>OC</td><td>Out-of-Country</td></tr> </table>	AN	Androscoggin	PT	Penobscot	AK	Aroostook	PS	Piscataquis	CD	Cumberland	SC	Sagadahoc	FN	Franklin	ST	Somerset	HK	Hancock	WO	Waldo	KC	Kennebec	WN	Washington	KX	Knox	YK	York	LN	Lincoln	OS	Out-of-State	OD	Oxford	OC	Out-of-Country	<table border="0"> <tr><td>17</td><td>Friend</td></tr> <tr><td>18</td><td>EAP</td></tr> <tr><td>19</td><td>SAP</td></tr> <tr><td>20</td><td>State/Federal Court</td></tr> <tr><td>21</td><td>Formal Adjudication Process</td></tr> <tr><td>22</td><td>Self-Help Group</td></tr> <tr><td>23</td><td>Hospital</td></tr> <tr><td>24</td><td>School</td></tr> <tr><td>25</td><td>AIDS Outreach Worker</td></tr> <tr><td>26</td><td>Community Probation - DSAT</td></tr> <tr><td>27</td><td>Drug Court - DSAT</td></tr> <tr><td>28</td><td>Network/JASAE</td></tr> <tr><td>29</td><td>Juvenile Drug Court</td></tr> <tr><td>99</td><td>Other</td></tr> </table>	17	Friend	18	EAP	19	SAP	20	State/Federal Court	21	Formal Adjudication Process	22	Self-Help Group	23	Hospital	24	School	25	AIDS Outreach Worker	26	Community Probation - DSAT	27	Drug Court - DSAT	28	Network/JASAE	29	Juvenile Drug Court	99	Other	<table border="0"> <tr><td>1204</td><td>Diazepam (Valium)</td></tr> <tr><td>1205</td><td>Flurazepam (Dalmane)</td></tr> <tr><td>1206</td><td>Lorazepam (Ativan)</td></tr> <tr><td>1207</td><td>Triazolam (Halcion)</td></tr> <tr><td>1208</td><td>Other Benzodiazepine</td></tr> <tr><td colspan="2">Other Tranquilizers</td></tr> <tr><td>1301</td><td>Meprobamate (Miltown)</td></tr> <tr><td>1302</td><td>Other Tranquilizers</td></tr> <tr><td colspan="2">Barbiturates</td></tr> <tr><td>1401</td><td>Phenobarbital</td></tr> <tr><td>1402</td><td>Secobarbital/Amobarbital (Tuinal)</td></tr> <tr><td>1403</td><td>Secobarbital (Seconal)</td></tr> <tr><td colspan="2">Other Sedative and Hypnotics</td></tr> <tr><td>1501</td><td>Ethchlorvynol (Placidyl)</td></tr> <tr><td>1502</td><td>Glutethimide (Doriden)</td></tr> <tr><td>1503</td><td>Methaqualone</td></tr> <tr><td>1504</td><td>Other Non-Barbiturate Sedatives</td></tr> <tr><td>1505</td><td>Other Sedatives</td></tr> <tr><td>1506</td><td>Flunitrazepam (Rohypnol)</td></tr> <tr><td>1507</td><td>GHB/GBL</td></tr> <tr><td>1508</td><td>Ketamine (Special K)</td></tr> <tr><td>1509</td><td>Clonazepam (Klonopin, Rivotril)</td></tr> <tr><td colspan="2">Inhalants</td></tr> <tr><td>1601</td><td>Aerosols</td></tr> <tr><td>1602</td><td>Nitrites</td></tr> <tr><td>1603</td><td>Other Inhalants</td></tr> <tr><td>1604</td><td>Solvents</td></tr> <tr><td>1605</td><td>Anesthetics</td></tr> <tr><td colspan="2">Over the Counter</td></tr> <tr><td>1700</td><td>Over the Counter - General</td></tr> <tr><td>1701</td><td>Diphenhydramine (Benadryl)</td></tr> <tr><td colspan="2">Other</td></tr> <tr><td>1801</td><td>Diphenylhydantoin Sodium (Phenytoin, Dilantin)</td></tr> <tr><td>1802</td><td>Other Drugs</td></tr> </table>	1204	Diazepam (Valium)	1205	Flurazepam (Dalmane)	1206	Lorazepam (Ativan)	1207	Triazolam (Halcion)	1208	Other Benzodiazepine	Other Tranquilizers		1301	Meprobamate (Miltown)	1302	Other Tranquilizers	Barbiturates		1401	Phenobarbital	1402	Secobarbital/Amobarbital (Tuinal)	1403	Secobarbital (Seconal)	Other Sedative and Hypnotics		1501	Ethchlorvynol (Placidyl)	1502	Glutethimide (Doriden)	1503	Methaqualone	1504	Other Non-Barbiturate Sedatives	1505	Other Sedatives	1506	Flunitrazepam (Rohypnol)	1507	GHB/GBL	1508	Ketamine (Special K)	1509	Clonazepam (Klonopin, Rivotril)	Inhalants		1601	Aerosols	1602	Nitrites	1603	Other Inhalants	1604	Solvents	1605	Anesthetics	Over the Counter		1700	Over the Counter - General	1701	Diphenhydramine (Benadryl)	Other		1801	Diphenylhydantoin Sodium (Phenytoin, Dilantin)	1802	Other Drugs
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